

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024573

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3037 STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Blaine Z. Hibbard

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Westwood</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Luke's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>4949 Norwood</b>	
3. NAME OF DECEASED (Type or print) <b>Robert B. Rose</b>		4. DATE OF DEATH Month <b>May</b> Day <b>26</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 18-1893 - 69 -</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		11. BIRTHPLACE (City and state & country) <b>Kansas Bldg &amp; Loan Ass. Rosedale - Kansas</b>	
13a. FATHER'S NAME <b>Louis Henry Rose</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret C. Rose</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W W I</b>		17. INFORMANT <b>Mrs. M.C. Rose - 4949 Norwood - Westwood.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broncho pneumonia</b> DUE TO (b) <b>AAA aortic aneurysm and Septicemia</b> DUE TO (c) <b>Surgery (Grst) for aortic aneurysm</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>9:00 P</b> Month, Day, Year <b>26 May 1963</b>		20f. CITY, TOWN, OR LOCATION <b>Westwood</b> COUNTY <b>JOHNSON</b> STATE <b>KANSAS</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <b>10 June 1948</b> to <b>26 May 1963</b> and last saw him alive on <b>26 May 1963</b> Death occurred at <b>9:00 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Blaine Z. Hibbard MD</b>		22b. ADDRESS <b>4320 Wornall Rd KC 11 Mo</b>	
22c. DATE SIGNED <b>28 May 63</b>		23. LOCATION (City, town, or county) (State) <b>Kansas City - Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		23b. DATE <b>May 31-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Crematory</b>		23d. ADDRESS <b>1901 Clatto Blvd, Kansas City 3, Kan.</b>	
24. FUNERAL DIRECTOR <b>Dates - 1901 Clatto Blvd, Kansas City 3, Kan.</b>		25. DATE RECD. BY LOCAL REG. <b>5-28-63</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Paul B. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Kan.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Blaine H. Elward 4320 Wornall Rd.  
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0110  
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